

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
1	1		1		1		51					
2		1					52					
3	2						53					
4	2						54					
5	1						55					
6	1						56					
7	1						57					
8	1						58					
9	1						59					
10	1						60					
11	1						61					
12	1						62					
13	1						63					
14	1						64					
15	1						65					
16	1						66					
17	1						67					
18	1						68					
19	1						69					
20	1						70					
21	1						71					
22	1						72					
23	1						73					
24	1						74					
25	1						75					
26							76					
27	1						77					
28	1						78					
29	1						79					
30	1						80					
31	1						81					
32	1						82					
33	1						83					
34	1						84					
35	1						85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	24	→	→	→			TOTAL DEP.	→	→	→		
TOTAL CLAIMS	37	████████	████████	████████			TOTAL CLAIMS	████████	████████	████████	████████	